



## Complete Summary

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### TITLE

Parkinson's disease (PD): percentage of veterans with idiopathic PD prescribed a new drug who have documentation of the response to therapy and occurrence of drug side-effects within 6 months.

### SOURCE(S)

Cheng EM, Siderowf AD, Swarztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. Parkinsonism Relat Disord 2008;14(1):8-14. [PubMed](#)

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of veterans with idiopathic Parkinson's disease (PD) prescribed a new drug on an ongoing basis who have documentation of the response to therapy and occurrence of drug side-effects within 6 months.

### RATIONALE

Parkinson's disease (PD) is a chronic, progressive neurological condition and a major cause of disability among the elderly. PD is one of the most common neurological conditions, affecting an estimated 1.5% of the US population over the age of 65 years.

Neurodegenerative disorders are an increasingly important source of morbidity and mortality as the population ages. PD has potentially complex motor, autonomic, and psychiatric manifestations.

A comprehensive review of general health care in the United States showed that the quality of care usually falls below professional standards. While there is limited data on PD care, one study showed that less than one third of patients initially diagnosed with PD by a non-neurologist were eventually referred to a neurologist for care, despite that non-neurologists may not have adequate knowledge to manage PD patients.

## **PRIMARY CLINICAL COMPONENT**

Parkinson's disease (PD); response to drug therapy; side effects

## **DENOMINATOR DESCRIPTION**

Veterans with idiopathic Parkinson's disease\* prescribed a new drug

\*Outpatient International Classification of Diseases, Ninth Revision (ICD-9) diagnosis code of idiopathic Parkinson's disease (332.0).

## **NUMERATOR DESCRIPTION**

Veterans from the denominator who have documentation of the response to the therapy and occurrence of drug side-effects for every newly prescribed drug within 6 months

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Practice parameter: initiation of treatment for Parkinson's disease: an evidence-based review.](#)

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Use of this measure to improve performance  
Variation in quality for the performance measured

## **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Cheng EM, Siderowf AD, Swarztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. Parkinsonism Relat Disord 2008;14(1):8-14. [PubMed](#)

Cheng EM, Swarztrauber K, Siderowf AD, Eisa MS, Lee M, Vassar S, Jacob E, Vickrey BG. Association of specialist involvement and quality of care for Parkinson's disease. Mov Disord 2007 Mar 15;22(4):515-22. [PubMed](#)

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement

## **Application of Measure in its Current Use**

### **CARE SETTING**

Ambulatory Care  
Hospitals  
Physician Group Practices/Clinics

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Multisite Health Care Organizations

### **TARGET POPULATION AGE**

Unspecified

### **TARGET POPULATION GENDER**

Either male or female

### **STRATIFICATION BY VULNERABLE POPULATIONS**

This measure has been stratified by race/ethnicity and age.

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

See the "Rationale" field.

#### **BURDEN OF ILLNESS**

See the "Rationale" field.

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### **IOM CARE NEED**

Living with Illness

#### **IOM DOMAIN**

Effectiveness

### Data Collection for the Measure

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Veterans with idiopathic Parkinson's disease prescribed a new drug

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Veterans with idiopathic Parkinson's disease\* prescribed a new drug

\*Outpatient International Classification of Diseases, Ninth Revision (ICD-9) diagnosis code of idiopathic Parkinson's disease (332.0).

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition

Encounter

Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Veterans from the denominator who have documentation of the response to the therapy and occurrence of drug side-effects for every newly prescribed drug within 6 months

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Fixed time period

## **DATA SOURCE**

Administrative data

Medical record

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

## SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Analysis by high-risk subgroup (stratification on vulnerable populations)  
Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

## DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure has been stratified by race/ethnicity and age.

## STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Cheng et al., performed a systematic medical literature review on effective care processes in Parkinson's disease. They then drafted 46 de novo quality indicators and adapted 33 indicators developed for care for frail elders from the Assessing Care for Vulnerable Elders (ACOVE) indicator study. Through a modified Delphi method, an expert panel of movement disorder specialists rated 29 indicators highest using criteria of validity, feasibility, impact on outcomes, room for improvement, and overall utility. They selected 14 of the highest rated indicators of PD care quality to be operationalized for medical record abstraction. The criteria for selecting these indicators were that they should be comprehensive and apply to a broad range of PD care, minimize overlap, and apply to a broad number of PD patients. They determined that 10 indicators had sufficiently high inter-rater reliability and were triggered sufficiently frequently enough for further analysis. These 10 indicators spanned four PD care domains of management of motor symptoms, medication titration and response, assessment of non-motor

symptoms, and management of non-motor symptoms. The 10 indicators included four indicators adapted from ACOVE.

## **EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

Cheng EM, Siderowf A, Swartztrauber K, Eisa M, Lee M, Vickrey BG. Development of quality of care indicators for Parkinson's disease. *Mov Disord* 2004 Feb;19(2):136-50. [48 references] [PubMed](#)

Cheng EM, Siderowf AD, Swartztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. *Parkinsonism Relat Disord* 2008;14(1):8-14. [PubMed](#)

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## **Identifying Information**

### **ORIGINAL TITLE**

Documenting response to new treatment.

### **MEASURE COLLECTION**

[Quality of Care Indicators for Parkinson's Disease](#)

### **DEVELOPER**

Veterans Health Administration Parkinson's Disease Research, Education, and Clinical Center

### **FUNDING SOURCE(S)**

Veterans Health Administration Parkinson's Disease Research, Education, and Clinical Center

### **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

*Veterans Health Administration Parkinson's Disease Research, Education, and Clinical Center Health Services Workgroup:* Eric M. Cheng, MD, MS; Kari Swartztrauber, MD, MPH; Andrew D. Siderowf, MD, MSCE; Mahmood S. Eisa, MD; Barbara G. Vickrey, MD, MPH.

### **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

### **ADAPTATION**

This measure was adapted from another source.

## **PARENT MEASURE**

Response to Newly Prescribed Medical Therapy (Assessing Care for Vulnerable Elders [ACOVE] Quality Indicator)

## **RELEASE DATE**

2004 Jan

## **REVISION DATE**

2008 Jan

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

Cheng EM, Siderowf AD, Swarztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. Parkinsonism Relat Disord 2008;14(1):8-14. [PubMed](#)

## **MEASURE AVAILABILITY**

The individual measure, "Documenting Response to New Treatment," is published in "Disparities of Care in Veterans with Parkinson's Disease."

Requests for this article should be made to: Elsevier Limited, P.O. Box 800, Oxford, OX5 1GB, UK.

## **NQMC STATUS**

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